MILWAUKEE CATHOLIC HOME
2330 NORTH PROSPECT AVENUE

MILWAUKEE 53211 Phone: (414) 220-4610

Ownership: Non-Profit Corporation Highest Level License: Skilled

Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital?
No Ope
Number of Beds Set Up and Staffed (12/31/03): 122
Tit
Total Licensed Bed Capacity (12/31/03): 122
Tit
Number of Residents on 12/31/03: 120
Ave

Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Yes Title 19 (Medicaid) Certified? Yes Average Daily Census: 120

Services Provided to Non-Residents		Age, Gender, and Primary Di	_			Length of Stay (12/31/03)	용	
Home Health Care	No	Primary Diagnosis				Less Than 1 Year	25.8	
Supp. Home Care-Personal Care	No					1 - 4 Years	40.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	14.2	
Day Services	No	Mental Illness (Org./Psy)	38.3	65 - 74	5.0			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	24.2		80.8	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.5	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care Yes   F		Para-, Quadra-, Hemiplegic	0.8	95 & Over	18.3	Full-Time Equivalent		
Congregate Meals No		Cancer 2.5				Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	14.2		100.0	(12/31/03)		
Other Meals	Yes	Cardiovascular	13.3	65 & Over	100.0			
Transportation	No	Cerebrovascular	9.2			RNs	10.1	
Referral Service	No	Diabetes	0.8	Gender	용	LPNs	9.8	
Other Services	No	Respiratory	3.3			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.5	Male	20.0	Aides, & Orderlies	37.9	
Mentally Ill	No			Female	80.0			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
**********	****	*******	*****	* * * * * * * * * * * * * * *	*****	*******	*****	

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	;		Family Care			anaged Care			
Level of Care	No.	ુ	Per Diem (\$)	No.	ું	Per Diem (\$)	No.	용	Per Diem (\$)	No.	양	Per Diem (\$)	No.	%	Per Diem (\$)	No.	용	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	9	100.0	364	25	71.4	129	1	100.0	129	74	100.0	222	1	100.0	129	0	0.0	0	110	91.7
Intermediate				10	28.6	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	8.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		35	100.0		1	100.0		74	100.0		1	100.0		0	0.0		120	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit:	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	10.8	Bathing	0.0		78.3	21.7	120
Other Nursing Homes	3.8	Dressing	2.5		81.7	15.8	120
Acute Care Hospitals	78.4	Transferring	25.0		58.3	16.7	120
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.2		66.7	19.2	120
Rehabilitation Hospitals	2.2		25.8			8.3	120
Other Locations	3.2	*****	******	****	******	******	*****
otal Number of Admissions	185	Continence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	5.0	Receiving Resp	iratory Care	6.7
Private Home/No Home Health	26.3	Occ/Freq. Incontine	nt of Bladder	65.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	6.5	Occ/Freq. Incontine	nt of Bowel	36.7	Receiving Suct	ioning	0.0
Other Nursing Homes	2.7	_			Receiving Osto	my Care	2.5
Acute Care Hospitals	25.8	Mobility			Receiving Tube	Feeding	2.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.7	Receiving Mech	anically Altered Diets	31.7
Rehabilitation Hospitals	0.0				3	-	
Other Locations	8.6	Skin Care			Other Resident C	haracteristics	
Deaths	30.1	With Pressure Sores		3.3	Have Advance D	irectives	100.0
otal Number of Discharges	-	With Rashes		2.5	Medications		
(Including Deaths)	186				Receiving Psyc	hoactive Drugs	66.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

*************	*****	****	****	*****	****	*****	****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-199	Ski	lled	Al	1
	Facility	Facility Peer Gro		Peer	Group	roup Peer		Faci	lities
	% % Ratio		Ratio	% Ratio		% Ratio		왕	Ratio
Occumency Date: Average Daily Concyc/Licensed Dada	98.4	87.9	1.12	87.0	1.13	86.6	1.14	87.4	1.13
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	94.2	87.5	1.08	86.4	1.09	84.5	1.11	76.7	1.23
Admissions from In-County, Still Residing	27.6	22.9	1.20	18.9	1.46	20.3	1.36	19.6	1.40
Admissions/Average Daily Census	154.2	144.5	1.07	166.7	0.92	157.3	0.98	141.3	1.09
Discharges/Average Daily Census	155.0	147.5	1.05	170.6	0.91	159.9	0.97	142.5	1.09
Discharges To Private Residence/Average Daily Census	50.8	49.7	1.02	69.1	0.74	60.3	0.84	61.6	0.83
Residents Receiving Skilled Care	91.7	93.9	0.98	94.6	0.97	93.5	0.98	88.1	1.04
Residents Aged 65 and Older	100	97.1	1.03	91.3	1.10	90.8	1.10	87.8	1.14
Title 19 (Medicaid) Funded Residents	29.2	50.3	0.58	58.7	0.50	58.2	0.50	65.9	0.44
Private Pay Funded Residents	61.7	34.6	1.78	22.4	2.75	23.4	2.64	21.0	2.94
Developmentally Disabled Residents	0.0	0.6	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	38.3	35.5	1.08	34.3	1.12	33.5	1.14	33.6	1.14
General Medical Service Residents	17.5	23.0	0.76	21.0	0.83	21.4	0.82	20.6	0.85
Impaired ADL (Mean)	51.5	51.9	0.99	53.1	0.97	51.8	0.99	49.4	1.04
Psychological Problems	66.7	62.2	1.07	60.0	1.11	60.6	1.10	57.4	1.16
Nursing Care Required (Mean)	6.1	7.2	0.85	7.2	0.85	7.3	0.85	7.3	0.84